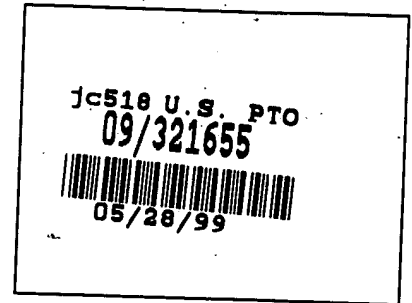


Please date stamp and return to addressee on reverse side

Applicant(s): GERSON, STANTON L.

Serial No.: UNASSIGNED Filed: HEREWITH

Title (or mark): HEMATOPOIETIC PROGENITOR
CELL GENE TRANSDUCTION



BASED ON SN 60/087,284 **DOCUMENTS ENCLOSED**

☒ Application sheets: Descr.: 18
Drawing sheets: 3

☒ UNEXECUTED
Declaration (~~executed~~) _____)

☐ Verified Statement Claiming Small Entity Status

☐ Response to OA dated _____
☐ _____ Mo. Ext. of Time

☐ Other _____

☐ Formal Drawing _____ sheets

First class mail

Certificate Dated: _____

Docket No.: 640100-304

Claims 1 Abstract 1
☒ Formal ☐ Informal

☐ Assignment to _____

☐ Type of OA: _____

☐ Inform. Discl. Statement

☐ _____

☒ Check Amount \$ 760.00 No. 29150

Express Mail Label No.: EL339296415US

Deposited on: MAY 28, 1999

Atty.: RAINA SEMIONOW

DATE RECEIVED:	<u>6/11/99</u>
DATE ENTERED:	
1)	<u>Formal Papers ASAP</u>
2)	<u>FDS due 11/28/99</u>
3)	<u>Status Check 6/28/2000</u>
4)	
5)	
6)	
DOCKETED BY:	<u>RM</u>
	<u>6/11</u>

EL339296415US



* EL339296415US *

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Customer Copy
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ORIGIN (POSTAL USE ONLY)			
PO ZIP Code 27068	Day of Delivery <input checked="" type="checkbox"/> First <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>	
Date In No. 5-28-99	<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$	
Time In <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	
Weight lbs. 7.1	Int'l Alpha Country Code	COD Fee	Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$ 11.75	

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METHOD OF PAYMENT:
Express Mail Corporate Acct. No.
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☐ **WAIVER OF SIGNATURE** (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

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CARELLA BYRNE BAIN GILFILLAN
6 BECKER FARM RD
RUELAND NJ 07068-1735
RAINA SEMIONOW
6040150-304 5-28-99

TO: (PLEASE PRINT) PHONE ()

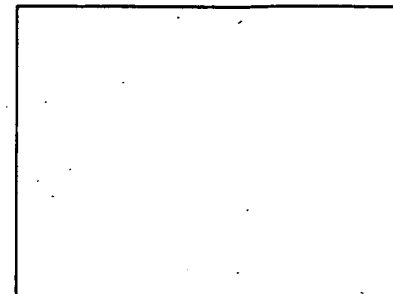
BOY PATENT APPLICATION
ASSISTANT COMMISSIONER
FOR PATENTS
WASHINGTON, D.C. 20231

Please date stamp and return to addressee on reverse side

Applicant(s): GERSON, STANTON L.

Serial No.: UNASSIGNED Filed: HEREWITH

Title (or mark): HEMATOPOIETIC PROGENITOR
CELL GENE TRANSDUCTION



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Claims 1 Abstract 1

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☐ _____ Mo. Ext. of Time

☐ _____

☐ Other _____

☒ Check Amount \$ 760.00 No. 29150

☐ Formal Drawing _____ sheets

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Deposited on: MAY 28, 1999

Certificate Dated: _____

Atty.: RAINA SEMIONOW

Docket No.: 640100-304

RE:

Carella, Byrne, Bain, Gilfillan, Cecchi, Stewart & Olstein P.A.

ATTORNEY BUSINESS ACCOUNT REIMBURSEMENT ACCOUNT
6 BECKER FARM ROAD, ROSELAND, NEW JERSEY 07068

021204

JUDY
640100/304

HON COMM OF PATENTS

5/28/99 29150

760.00 005000

RE:

Carella, Byrne, Bain, Gilfillan, Cecchi, Stewart & Olstein P.A.

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6 BECKER FARM ROAD, ROSELAND, NEW JERSEY 07068

021204

JUDY
640100/304

HON COMM OF PATENTS

5/28/99 29150 760.00 005000

Carella, Byrne, Bain, Gilfillan, Cecchi, Stewart & Olstein P.A.

ATTORNEY BUSINESS ACCOUNT REIMBURSEMENT ACCOUNT
6 BECKER FARM ROAD, ROSELAND, NEW JERSEY 07068

55-2/212

DATE

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CHECK #

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AMOUNT

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OF

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⑈021204⑈ ⑆021200025⑆ 2011310202718⑈

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
Patent Examining Operations**

BOX PATENT APPLICATION
Assistant Commissioner for Patents
Washington, D.C. 20231

Application Transmittal Letter

Dear Sir:

Transmitted herewith for filing is the patent application of: Stanton L. Gerson, entitled:

HEMATOPOIETIC PROGENITOR CELL GENE TRANSDUCTION

Enclosed with the application are:

1. Specification (18 sheets);
2. Claims (1 sheet);
3. Abstract (1 sheet);
4. Drawings (formal; 3 sheets);
5. Unexecuted Declaration and Power of Attorney of Stanton L. Gerson;
6. Our check (No. 29150) in the amount of \$ 760.00; and
7. Self-addressed, postage paid, return receipt postcard.

The fee has been calculated as follows:

	Number of Claims Filed	Extra Claims	Rate	Fee
Basic Fee			\$760.00	\$760.00
Total Claims	4 - 20	0	x \$18.00 =	0
Independent Claims	1 - 3	0	x \$78.00 =	0
TOTAL				\$760.00

The Commissioner is authorized to charge payment of any additional filing fees required under 37 CFR 1.16 associated with this communication or credit any overpayment to Deposit Account No. 03-0678. A duplicate copy of this paper is enclosed.

EXPRESS MAIL CERTIFICATE

Express Mail Label No. EL339296415US
Deposit Date: May 28, 1999

I hereby certify that this paper and the attachments hereto are being deposited today with the U.S. Postal Service "Express Mail Post Office To Addressee" service under 37 CFR 1.10 on the date indicated above addressed to:

Assistant Commissioner for Patents
Washington, DC 20231


Raina Semionow

May 28, 1999
Date

Respectfully submitted,



Raina Semionow
Reg. No. 39,022

CARELLA, BYRNE, BAIN, GILFILLAN,
CECCHI, STEWART & OLSTEIN
6 Becker Farm Road
Roseland, NJ 07068
Tel. No.: (973) 994-1700
Fax No.: (973) 994-1744